

Bureau of Child Care Licensing Phone 1-800-852-3345 Ext. 4624 or 271-4624		NON CRITICAL VIOLATIONS		Page 1 OF 2	
NON CRITICAL VIOLATIONS: A CHECK MARK ON ANY ITEM INDICATES NON COMPLIANCE WITH THAT ITEM. (PUT SPECIFICS IN COMMENT SECTION)				LICENSE	
# _____					
PROGRAM NAME: _____				DATE OF VISIT: _____	
TYPE OF VISIT: _____ INITIALS OF LICENSING SPECIALIST(S) _____				LICENSE TYPE(S): _____	
NAME & POSITION OF STAFF MEMBER IN CHARGE DURING VISIT: _____					
<div>MULTIPLE BUILDINGS SINGLE LICENSE 4002.02<div><input type="checkbox"/> FUNCTION AS A SINGLE PROGRAM</div><div><input type="checkbox"/> BUILDINGS IN CLOSE PROXIMITY</div><div><input type="checkbox"/> EFFECTIVE COMMUNICATIONS</div><div><input type="checkbox"/> MEET CENTER BASED MULTIPLE BUILDING STAFFING REQUIREMENTS</div><div><input type="checkbox"/> EACH BUILDING HAS ADEQUATE SQUARE FOOTAGE AND BATHROOM FACILITIES FOR THE NUMBER OF CHILDREN IN BUILDING</div>LICENSE & PERMIT REQUIREMENTS 4002.05<div><input type="checkbox"/> LICENSE DISPLAYED PROMINENTLY1</div><div><input type="checkbox"/> LICENSE NOT ALTERED</div><div><input type="checkbox"/> SOFS WITH POCS DISPLAYED PROMINENTLY AND ON FILE/AVAILABLE FOR REVIEW BY PARENTS</div><div><input type="checkbox"/> PARENTS OF CURRENT ENROLLEES OR POTENTIAL ENROLLEES INFORMED OF SOF AVAILABILITY</div><div><input type="checkbox"/> SOF/POC NOT ALTERED AFTER APPROVAL BY DEPT.</div><div><input type="checkbox"/> ALL REQUIRED RECORDS ON FILE ON PREMISES AND AVAILABLE FOR REVIEW BY DEPT. FOR 1 YR</div><div><input type="checkbox"/> LICENSE/PERMIT IS VALID</div><div><input type="checkbox"/> PROGRAM HAS SUBMITTED APPROPRIATE APPLICATION</div><div><input type="checkbox"/> PRIOR TO ADDING/CHANGING PROGRAM TYPES</div><div><input type="checkbox"/> LICENSE/PERMIT NOT ALTERED BY PROGRAM STAFF</div><div><input type="checkbox"/> PROGRAM NAME CHANGE REPORTED TO BCCL</div><div><input type="checkbox"/> WRITTEN NOTICE TO BCCL WITHIN 10 DAYS OF CENTER DIRECTOR CHANGE</div><div><input type="checkbox"/> NON QUALIFIED PERSON SUBBING FOR CENTER DIRECTOR NOT MORE THAN 30 DAYS</div><div><input type="checkbox"/> WITHIN 60 DAYS QUALIFIED CENTER DIRECTOR IN PLACE</div><div><input type="checkbox"/> AND REQUIRED PAPER WORK ON FILE @ BCCL</div><div><input type="checkbox"/> DOCUMENTATION OF LIABILITY INSURANCE, OR DOCUMENTATION OF LACK OF INSURANCE ON FILE</div><div><input type="checkbox"/> DOCUMENTATION OF LACK OF LIABILITY I INSURANCE PROVIDED TO PARENTS PRIOR TO ENROLLMENT</div>CONFIDENTIALITY 4002.09<div><input type="checkbox"/> EITHER VERBAL OR WRITTEN PARENTAL AUTHORIZATION IS OBTAINED FROM EACH CHILD'S PARENT(S) PRIOR TO RELEASE OF INFO RE HIS/HER CHILD</div>LICENSE CAPACITY & STAFF & CHILD ATTENDANCE RECORDS 4002.15CHILDREN'S ATTENDANCE RECORDS:<div><input type="checkbox"/> COMPLETED & AVAILABLE FOR 6 MOS</div><div><input type="checkbox"/> ACCURATELY REFLECT # OF & IDENTITY OF CHILDREN PRESENT AT ALL TIMES DURING OPERATING HRS</div><div><input type="checkbox"/> INCLUDE EACH CHILD'S NAME, & TIME OF ARRIVAL & DEPARTURE, COMPLETED BY STAFF OR PARENTS AS EACH CHILD ARRIVES/LEAVES PROGRAM</div>STAFF ATTENDANCE RECORDS<div><input type="checkbox"/> ACCURATELY REFLECT # AND I.D. OF STAFF PRESENT AT ALL TIMES DURING OPERATING HOURS</div><div><input type="checkbox"/> AVAILABLE FOR REVIEW AND MAINTAINED FOR 6 MOS</div><div><input type="checkbox"/> EACH EMPLOYEE'S NAME</div><div><input type="checkbox"/> SCHEDULED WORK HOURS</div><div><input type="checkbox"/> ARRIVAL & DEPARTURE TIME COMPLETED BY EACH INDIVIDUAL AS HE/SHE ARRIVES/LEAVES PROGRAM</div><div><input type="checkbox"/> JOB TITLE</div><div><input type="checkbox"/> AGE GROUP OR CLASSROOM ASSIGNED TO WORK WITH</div><div><input type="checkbox"/> PROGRAM DOES NOT TEMPORARILY EXCEED LICENSE CAPACITY WITHOUT PRIOR APPROVAL BY BCCL</div>HEALTH & SAFETY IN THE CHILD CARE ENV. 4002.16FREE OF HAZARDOUS CONDITIONS IE:<div><input type="checkbox"/> OUTLETS HAVE PROTECTIVE SHIELDS/COVERS N/A SAP'S</div><div><input type="checkbox"/> HANDRAILS ON STAIRS WITH 3 OR MORE STEPS (N/A FOR EXISTING STAIRWAYS IN SAP'S IN SCHOOLS)</div><div><input type="checkbox"/> HANDRAILS , GUARDRAILS ON PLAY STRUCTURES LOFTS, STAIRWAYS, DECKS PORCHES, BALCONIES OR OTHER BARRIERS ACCESSIBLE TO CHILDREN HAVE BALUSTERS SPACED LESS THAN 31/2' APART</div><div><input type="checkbox"/> NO TRIP HAZARDS, IE. HOLES IN FLOORS, LOOSE RUGS</div><div><input type="checkbox"/> OR TILES</div><div><input type="checkbox"/> OPEN WINDOWS/DOORS HAVE SCREENS (INSECTS)</div><div><input type="checkbox"/> PAINT ACCESSIBLE TO CHILDREN NOT LOOSE/FLAKING</div><div><input type="checkbox"/> NO UNCLEAN CONDITIONS /LACK OF REGULAR CLEANING</div>PET ISSUES<div><input type="checkbox"/> PETS NOT ALLOWED ON FOOD PREP SURFACES OR FOOD SERVICE SURFACES</div><div><input type="checkbox"/> PETS WHICH POSE HEALTH/SAFETY RISK ARE NOT IN ROOMS USED BY CHILDREN AND NOT ACCESSIBLE TO CHILDREN (BATS, TURTLES, TORTOISES, SNAKES, IGUANAS, OTHER LIZARDS/REPTILES, HEDGEHOGS, PARAKEETS OR PARROT LIKE BIRDS)</div>PROGRAMS ENSURE THAT AREAS USED BY CHILDREN:<div><input type="checkbox"/> HAVE MECHANICAL VENTILATION SYSTEM OR OPEN, SCREENED WINDOW WHICH DOES NOT POSE HAZARD</div><div><input type="checkbox"/> ARE AT LEAST 65 DEGREES WHEN KIDS ARE PRESENT</div><div><input type="checkbox"/> HAVE ADEQUATE LIGHTING</div>OUTSIDE PLAY AREA FREE OF:<div><input type="checkbox"/> TRASH, LITTER OR DEBRIS</div><div><input type="checkbox"/> ANIMAL FECES</div><div><input type="checkbox"/> BROKEN TOYS</div>ENERGY ABSORPTIVE MATERIAL UNDER PLAY EQUIPMENT IS:<div><input type="checkbox"/> AT LEAST 8 INCHES DEEP</div><div><input type="checkbox"/> CHECKED AND RAKED REGULARLY**</div><div><input type="checkbox"/> TRASH CONTAINERS COVERED IF CONTAIN FOOD WASTE</div><div><input type="checkbox"/> OR SOILED DISPOSABLE PLATES, CUPS, OR UTENSILS</div><div><input type="checkbox"/> TRASH CONTAINERS EMPTIED WHEN APPROPRIATE</div><div><input type="checkbox"/> <u>FOODS SERVED TO CHILDREN</u> ARE STORED IN CLEAN DRY LOCATION</div><div><input type="checkbox"/> PROTECTED FROM SOURCES OF CONTAMINATION</div><div><input type="checkbox"/> STORED 6 INCHES ABOVE FLOOR</div><div><input type="checkbox"/> STORED SEPARATE FROM NON FOOD ITEMS THAT COULD CONTAMINATE FOOD OR COULD BE MISTAKEN FOR FOOD</div><div><input type="checkbox"/> STORED IN ORIGINAL CONTAINERS OR CONTAINERS DESIGNED FOR FOOD STORAGE</div><div><input type="checkbox"/> NOT IN CANS THAT ARE DENTED, BULGING OR RUSTED</div><div><input type="checkbox"/> PERISHABLE FOODS KEPT IN REFRIGERATOR AT 41 DEGREES F OR IN FREEZER AT 0 DEGREES F.</div><div><input type="checkbox"/> REFRIGERATORS AND FREEZERS ARE CLEAN</div><div><input type="checkbox"/> FOOD CONTACT SURFACES CLEANABLE, SMOOTH, FREE OF CRACKS ETC. OR OTHERWISE DIFFICULT TO CLEAN</div><div><input type="checkbox"/> IMPERFECTIONS</div></div>					

<div><div><input type="checkbox"/> <u>LEFTOVERS TO BE SERVED TO ENROLLED CHILDREN</u></div><div><input type="checkbox"/> WRAPPED OR COVERED & DATED</div><div><input type="checkbox"/> KEPT IN REFRIGERATOR NO LONGER THAN 2 DAYS</div><div><input type="checkbox"/> FROZEN FOODS TO BE SERVED TO CHILDREN PROPERLY THAWED</div><div><input type="checkbox"/> DISHWASHING BY MACHINE OR HAND WASHED HOT WATER RINSED & AIR DRIED</div></div>	<div><div><input type="checkbox"/> NON-PRESC. MEDS FOR PARTICULAR CHILD LABELED WITH CHILD'S FULL NAME, & DATE MED PROVIDED BY PARENTS</div><div><input type="checkbox"/> PROGRAM SUPPLY OF NON-PRESC. MEDS ADMINISTERED WITH APPROPRIATE PARENTAL/HEALTH PRACT AUTHORIZATION</div><div><input type="checkbox"/> PRESCRIPTION MEDS. AUTHORIZED BY PARENTS ADMINISTERED AS PRESCRIBED</div><div><input type="checkbox"/> PRESCRIPTION LABEL S ARE ATTACHED (EQUALS WRITTEN ORDER OF LICENSED HEALTH PRACTITIONER)</div><div><input type="checkbox"/> SAMPLE PRESCRIPTION MEDS. HAVE WRITTEN PHYSICIANS ORDER</div></div>	<div><div>CHILD</div><div><input type="checkbox"/> SLEEPING MATERIALS ARE STORED SEPARATELY OR SANITIZED PRIOR TO EACH USE</div><div><input type="checkbox"/> BEDDING IS CLEANED WHENEVER SOILED BUT AT LEAST WEEKLY</div><div><input type="checkbox"/> EACH CHILD 12 MONTHS OF AGE OR YOUNGER HAS A CRIB OR PLAY PEN</div><div>REST AND SLEEP 4002.21 (NO CHANGES)</div><div><input type="checkbox"/> BASED ON INDIVIDUAL NEEDS, IN ACCORDANCE WITH ALL APPLICABLE RULES</div><div>PROGRAM REQUIREMENTS 4002.22</div><div><input type="checkbox"/> PARENTS HAVE OPPORTUNITY DURING OPERATING HOURS TO COMMUNICATE WITH STAFF WHO CARE FOR THEIR CHILD</div><div><input type="checkbox"/> CENTER BASED PROGRAMS HAVE AVAILABLE A WRITTEN SCHEDULE WHICH SHOWS THAT DAILY</div></div>
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<p>PROGRAM ACTIVITIES INCLUDE OPPORTUNITIES FOR DEVELOPMENTALLY APPROPRIATE INDIVIDUAL & GROUP ACTIVITIES, INCLUDING MEALS, SNACKS, SLEEP AND INDOOR AND OUTDOOR ACTIVITIES</p> <p><input type="checkbox"/> ROOMS ARRANGED TO ENSURE CHILDREN HAVE OPPORTUNITIES TO SAFELY PRACTICE RANGE OF MOVEMENTS APPROPRIATE TO THEIR DEVELOPMENTAL LEVEL AND PROTECT YOUNGER OR LESS MOBILE CHILDREN FROM ACCIDENT OR HARM BY OLDER OR MORE PHYSICALLY ACTIVE CHILDREN</p> <p><input type="checkbox"/> CHILDREN ARE GIVEN OPPORTUNITIES FOR: IMAGINATIVE PLAY, ACTIVITIES TO ENCOURAGE LANGUAGE DEVELOPMENT, AND CREATIVE ACTIVITIES,</p> <p><input type="checkbox"/> WHEN CHILDREN UNDER AGE 3 YRS ARE IN CARE: CHILDREN UNDER 24 MOS ARE NOT MIXED WITH CHILDREN OVER 47 MOS EXCEPT FOR TIME LIMITED SPECIFIC ACTIVITIES OR WHEN THERE ARE 17 OR FEWER CHILDREN PRESENT IN THE PROGRAM, OF WHOM NO MORE THAN 4 ARE UNDER 3</p> <p><input type="checkbox"/> CHILDREN ARE NOT LEFT UNATTENDED IN SEATING, CARRYING OR HOLDING DEVICES PLACED ON TABLES, COUNTERS OR ELEVATED SURFACES</p> <p><input type="checkbox"/> INFANTS/TODDLERS WHO ARE AWAKE IN PLAY PENS OR</p> <p>CRIBS HAVE STIMULATING ACTIVITIES AND ARE NOT LEFT IN THE CRIBS PLAYPENS MORE THAN 1/2 HR</p> <p><input type="checkbox"/> INFANTS/TODDLERS IN INFANT SEATS, SWINGS, WALKERS, HIGHCHAIRS, ETC. ARE PROVIDED WITH STIMULATING ACTIVITIES AND ARE NOT LEFT IN THOSE DEVICES FOR MORE THAN 1/2HR</p> <p><input type="checkbox"/> ANY INFANT UNDER 6 WEEKS IS IN ATTENDANCE FOR LIMITED TIME, NOT TO EXCEED 12HRS/WEEK (EXCEPTION FOR FCC & FGCC PROVIDER'S CHILD OR OTHER RESIDENT INFANT.</p> <p>DISCIPLINE, BEHAVIOR GUIDANCE & TREATMENT OF CHILDREN 4002.27</p> <p><input type="checkbox"/> EACH CHILD IS NURTURED, ENCOURAGED AND PROVIDED WITH A VARIETY OF DEVELOPMENTALLY APPROPRIATE LEARNING & SOCIAL EXPERIENCES</p> <p><input type="checkbox"/> CHILD CARE PERSONNEL SHALL GUIDE CHILDREN'S BEHAVIOR USING: POSITIVE GUIDANCE, FAIR, REALISTIC RULES AND LIMITS, DESIGNED TO PROMOTE CORPORATION & RESPECT, WHICH ARE CONSISTENTLY APPLIED, AND UNDERSTANDABLE TO THE DEVELOPMENTAL LEVEL OF THE CHILDREN IMPACTED</p> <p><input type="checkbox"/> STAFF GIVE REASONS FOR LIMITS, & USE POSITIVELY WORDED DIRECTIONS, ACT AS ROLE MODELS, DEMONSTRATING DESIRED BEHAVIOR & REDIRECTING CHILDREN TO ACCEPTABLE BEHAVIOR</p> <p><input type="checkbox"/> STAFF ARRANGE EQUIPMENT, MATERIALS, ACTIVITIES &</p> <p>SCHEDULES TO PROMOTE DESIRABLE BEHAVIOR</p> <p><input type="checkbox"/> STAFF USE LOGICAL CONSEQUENCES, ENFORCED AS SOON AS POSSIBLE AFTER THE MISBEHAVIOR HAS OCCURRED</p> <p><input type="checkbox"/> WHEN TIME OUT IS USED: IT IS BRIEF AND APPROPRIATE TO THE CIRCUMSTANCES AND DEVELOPMENTAL LEVEL OF THE CHILD & CHILD IN TIME OUT IS NOT ISOLATED FROM STAFF OR KIDS UNLESS REMOVED FROM THE ROOM FOR ONE-ON-ONE INTERACTION TO HELP THE CHILD REGAIN CONTROL</p> <p><input type="checkbox"/> STAFF DO NOT CONFINE INFANTS /TODDLERS IN HIGH CHAIRS OR OTHER SEATING DEVICES/EQUIPMENT THAT RESTRICTS THEIR MOVEMENT FOR LONGER THAN 2 MIN.</p> <p><input type="checkbox"/> USE ISOLATION; REQUIRE CHILDREN TO REST OR GO TO A</p> <p>BED, COT, MAT, CRIB, PLAYPEN ETC. AS A MEANS OF DISCIPLINE, NOR DISCIPLINE CHILDREN FOR NOT SLEEPING</p> <p>HAND WASHING 4002.28</p> <p><input type="checkbox"/> STAFF WASH THEIR HANDS WITH LIQUID SOAP AND WARM RUNNING WATER AS REQUIRED BY 4002.28l(a)(1) - (5)</p> <p><input type="checkbox"/> THROUGHOUT EACH DAY STAFF TEACH, ENCOURAGE &</p> <p>REMIND CHILDREN'S RE. HAND WASHING AS REQUIRED.</p> <p><input type="checkbox"/> HAND WASHING AFTER TOILETING OR DIAPERING NOT IN FOOD PREP.SINKS</p> <p>NUTRITION & FOOD SERVICE 4002.29</p> <p><input type="checkbox"/> EATING UTENSILS ARE PROVIDED</p> <p><input type="checkbox"/> FOODS ARE SERVED ON PLATE OR NAPKIN, EXCEPT THAT INFANTS CAN BE SERVED FOOD FROM HIGHCHAIR TRAY, OR TABLE, IF IT IS SANITIZED BEFORE USE AS FOOD SURFACE</p> <p><input type="checkbox"/> RE-USABLE EATING UTENSILS/CUPS /PLATES WASHED AFTER EACH USE</p> <p><input type="checkbox"/> FRUITS/VEGGIES WASHED BEFORE CUT OR SERVED</p> <p><input type="checkbox"/> WHEN INDICATED, INDIVIDUAL FEEDING SCHEDULES AND REQUESTED PARENTAL WRITTEN DIETARY RESTRICTIONS FOLLOWED</p> <p><input type="checkbox"/> FOODS CUT SMALL IN ACCORDANCE WITH CHEWING SWALLOWING CAPABILITIES OF CHILDREN & FOODS SUCH AS SPOONFULS PEANUT BUTTER, ROUND FIRM FOODS, WHOLE SLICES HOT DOGS, GRAPES, HARD CANDY, NUTS, POPCORN, ARE NOT SERVED TO CHILDREN UNDER 2 OR TO KIDS WITH KNOWN CHEWING/SWALLOWING DIFFICULTIES</p> <p><input type="checkbox"/> LOW FAT OR NON FAT MILK SERVED TO CHILDREN UNDER 2 ONLY WITH WRITTEN MEDICAL AUTHORIZATION</p> <p><input type="checkbox"/> PROGRAMS PROVIDE ONLY IRON FORTIFIED FORMULA/CEREAL UNLESS MEDICALLY CONTRAINDICATED IN WRITING BY LICENSED HEALTH PRACTITIONER</p> <p><input type="checkbox"/> CHILDREN ARE NOT ALLOWED TO WALK AROUND WITH</p> <p>BOTTLE</p> <p><input type="checkbox"/> MILK, EXPRESSED BREAST MILK, OR PREPARED FORMULA STORED/HANDLED/DISCARDED AS REQUIRED</p>	<p><input type="checkbox"/> INFANTS NOT IN FEEDING CHAIRS ARE HELD WHILE FED</p> <p><input type="checkbox"/> BOTTLES ARE NOT PROPPED</p> <p><input type="checkbox"/> CHILDREN NOT FED IN/ON CRIBS OR OTHER SLEEPING ACCOMMODATIONS</p> <p><input type="checkbox"/> CENTER BASED PROGRAMS PROVIDING FOODS TO CHILDREN OLDER THAN 1 YEAR HAVE AVAILABLE WRITTEN MENUS FOR MEALS</p> <p><input type="checkbox"/> MENUS COMPLY WITH MEAL PATTERNS</p> <p><input type="checkbox"/> NOT MORE THAN 3 HRS ELAPSES BETWEEN MEALS & SNACKS</p> <p><input type="checkbox"/> CHILDREN ARE PROVIDED FOOD IF PARENTS FORGET MEALS/SNACKS</p> <p><input type="checkbox"/> MEALS GENERALLY MEET MEAL PATTERNS</p> <p>DIAPER CHANGING & TOILETING 4002.30</p> <p><input type="checkbox"/> DISPOSABLE/ OR DIAPER SERVICE DIAPERS ARE USED AS</p> <p>REQUIRED IN RULES. HOME LAUNDERED DIAPERS ARE USED ONLY AS ALLOWED BY RULES</p> <p><input type="checkbox"/> BABY WIPES OR SOFT, WATER MOISTENED PAPER TOWELS</p> <p>ARE USED TO CLEAN CHILDREN AFTER DIAPER CHANGES</p> <p><input type="checkbox"/> DIAPERED CHILDREN ARE CHECKED AND CHANGED EVERY 2-3 HOURS</p> <p><input type="checkbox"/> ADEQUATE DIAPERS, CLOTHING & SHEETS FOR EMERGENCIES</p> <p><input type="checkbox"/> SOILED DIAPERS AND CLEANSING ARTICLES HANDLED AND</p> <p>DISPOSED OF AS REQUIRED BY 4002.30(f) - (l).</p> <p><input type="checkbox"/> TOILET TRAINING INDIVIDUALIZED, DONE IN ACCORDANCE WITH PLAN DEVELOPED BY PARENTS & STAFF, & NEVER FORCED</p> <p>WATER ACTIVITIES, FIELD TRIPS & TRANSPORTATION 4002.31</p> <p><input type="checkbox"/> (ALL PROGRAMS) PRIOR TO TAKING KIDS ON ROUTINE OR</p> <p>UNPLANNED LOCAL TRIPS STAFF OBTAIN SIGNED DATED WRITTEN GENERAL PERMISSION, CONTAINING REQUIRED INFO, FROM EACH CHILD'S PARENT AND INFORM PARENTS OF DESTINATION OF ANY UNPLANNED TRIPS & ESTIMATED TIME OF RETURN TO PROGRAM (ALL PROGRAMS) PRIOR TO INVOLVING KIDS IN ANY WATER</p> <p>ACTIVITY ON OR OFF PREMISES OR FIELD TRIPS OTHER THAN DESCRIBED IN 4002.31(a), STAFF OBTAIN SIGNED, DATED, WRITTEN PARENTAL PERMISSION WHICH INCLUDES ALL INFO REQUIRED IN 4002.31(d)(1) - (3), FROM EACH CHILD'S PARENT</p> <p><input type="checkbox"/> ALL PROGRAMS BRING COMPLETED ATTENDANCE RECORDS, COPIES OF REGISTRATION & EMERGENCY INFO FORM, & COPIES OF PARENTAL PERMISSION SLIP ON ALL WATER ACTIVITIES WHEN PROGRAMS TRANSPORT CHILDREN:</p> <p><input type="checkbox"/> STAFF RESPONSIBLE FOR CHILDREN DURING WATER ACTIVITIES DRESSED APPROPRIATELY TO ASSIST CHILD IN TROUBLE.</p> <p><input type="checkbox"/> (ALL PROGRAMS) LIFE GUARDS, SWIM INSTRUCTORS, & SIMILAR PERSONS NOT EMPLOYED BY PROGRAM ARE NOT COUNTED IN STAFF TO CHILD RATIO UNLESS THEY ARE RESPONSIBLE ONLY FOR ENROLLED CHILDREN PARTICIPATING IN FIELD TRIP/WATER ACTIVITY</p> <p><input type="checkbox"/> FOR ROUTINE TRANSPORTATION & OTHER ROUTINE/AND</p> <p>UNPLANNED TRIPS SUCH AS NEIGHBORHOOD WALKS & TRIPS TO LOCAL LIBRARY STAFF COMPLY WITH REGULAR STAFF TO CHILD RATIOS.</p> <p><input type="checkbox"/> FOR ALL OTHER FIELD TRIPS AND WATER ACTIVITIES, ADULTS (OTHER THAN EMPLOYED CHILD CARE PERSONNEL) PRESENT TO MEET STAFF TO CHILD RATIOS</p> <p>SHALL BE AT LEAST 18 YEARS OF AGE.</p> <p><input type="checkbox"/> IN CENTER BASED PROGRAMS, STAFF TO CHILD RATIO AND</p> <p>MAX GROUP SIZE FOR CHILDREN OF MIXED AGE GROUP PARTICIPATING IN FIELD TRIP OR WATER ACTIVITY SHALL BE BASED ON THE AGE OF YOUNGEST CHILD IN GROUP.</p> <p><input type="checkbox"/> IN A FCC OR FGCC HOME, STAFF COMPLY WITH REGULAR</p> <p>STAFF TO CHILD RATIO FOR ALL FIELD TRIPS AND FOR WATER ACTIVITIES IN SWIMMING POOLS ON PREMISES OF A PRIVATE RESIDENCE</p> <p><input type="checkbox"/> IN CENTER BASED PROGRAMS AN ASSOCIATE TEACHER,</p> <p>LEAD TEACHER OR CENTER DIRECTOR, AND IN FCC OR FGCC HOMES A FCC WORKER OR FCC PROVIDER, WHO IS DESIGNATED AS IN CHARGE IS PRESENT DURING ANY WATER ACTIVITY OR FIELD TRIP.</p> <p><input type="checkbox"/> EACH STAFF PARTICIPATING IN WATER ACTIVITY OR FIELD</p> <p>TRIP:</p> <p><input type="checkbox"/> IS AWARE OF IDENTITY OF PERSON IN CHARGE</p> <p><input type="checkbox"/> IS ASSIGNED PRIMARY RESPONSIBILITY FOR A SPECIFIC GROUP OF CHILDREN</p> <p><input type="checkbox"/> DOES HEAD COUNTS OF CHILDREN THEY ARE RESPONSIBLE FOR AS OFTEN AS IS NECESSARY TO ENSURE THAT ALL CHILDREN ARE PRESENT AND ACCOUNTED FOR AT ALL TIMES</p> <p><input type="checkbox"/> IS TRAINED REGARDING SUPERVISION REQUIREMENTS AND</p> <p>ALL REQUIREMENTS SPECIFIED IN 4002.31</p> <p>TRANSPORTATION ISSUES</p> <p><input type="checkbox"/> VEHICLES ARE CLEAN WITH NO OBSTRUCTIONS ON FLOORS/SEATS</p> <p><input type="checkbox"/> CHILDREN UNDER 5 ARE NOT TRANSPORTED IN VEHICLES</p> <p>EXEMPTED FROM SEAT BELTS</p> <p>REQUIREMENTS FOR CENTER BASED STAFF 4002.32</p> <p><input type="checkbox"/> IN ALL CENTER BASED A CENTER DIRECTOR OR QUALIFIED</p> <p>SUB WORKS ON PREMISES FOR 2/3 OF EACH DAYS OPERATING HOURS EXCEPT THAT SAP'S OPERATING LESS THAN 5 HRS/DAY OR LESS CENTER DIRECTOR WORKS ON PREMISES ALL OPERATING HOURS</p> <p><input type="checkbox"/> A CENTER DIRECTOR OR QUALIFIED SUB WORKS ON PREMISES FOR 2/3 OF NIGHT TIME HOURS(NCA)</p> <p><input type="checkbox"/> THE CENTER DIRECTOR IN ALL CENTER BASED: IS RESPONSIBLE FOR THE DAILY OPERATION OF THE PROGRAM;</p>	<p><input type="checkbox"/> DESIGNATES A CHILD CARE WORKER AS IN CHARGE: DURING UNPLANNED OR EMERGENCY ABSENCE AND FOR PORTION OF DAY THAT CENTER DIRECTOR OF QUALIFIED SUBSTITUTE ARE NOT REQUIRED TO BE PRESENT.</p> <p><input type="checkbox"/>ENSURES THAT ALL STAFF ARE AWARE OF RESPONSIBILITIES & IDENTITY OF PERSON IN CHARGE IN THEIR ABSENCE</p> <p><input type="checkbox"/> ONE OF EVERY 8 STAFF IS A QUALIFIED TEACHER PROGRAMS WITH MULTIPLE BUILDINGS:</p> <p><input type="checkbox"/> IF NO CENTER DIRECTOR FOR EACH ADDITIONAL BUILDING,</p> <p><input type="checkbox"/> DESIGNATE A LEAD TEACHER QUALIFIED PERSON TO BE</p> <p>IN CHARGE IN EACH BUILDING</p> <p><input type="checkbox"/> ENSURES ALL STAFF AND PARENTS ARE AWARE OF RESPONSIBILITIES & IDENTITY OF PERSON IN CHARGE IN EACH BUILDING*</p> <p><input type="checkbox"/> PROGRAMS WITH MORE THAN 1 CENTER DIRECTOR HAVE MET REQUIREMENTS FOR REPORTING TO DEPT. AND SENDING REQUIRED DOCUMENTATION</p> <p>GROUP CHILD CARE CENTER 4002.33</p> <p><input type="checkbox"/> IN COMPLIANCE WITH STAFF/CHILD RATIOS/MAX. GROUP SIZE</p> <p><input type="checkbox"/> EACH ROOM IS STAFFED BY A AT LEAST A CHILD CARE</p> <p>WORKER</p> <p><input type="checkbox"/> A SECOND STAFF PERSON IS ON PREMISES WHEN 11 OR</p> <p>MORE CHILDREN ARE PRESENT</p> <p><input type="checkbox"/> STAFF/CHILD RATIO IS BASED ON AVERAGE AGE WHEN</p> <p>THERE'S A MIXED AGE GROUP</p> <p><input type="checkbox"/> WHEN AVERAGE AGE IS UNDER 36 MONTHS, PROGRAM</p> <p>COMPLIES WITH DCN RATIOS</p> <p>DAY CARE NURSERY 4002.34</p> <p><input type="checkbox"/> IN COMPLIANCE WITH STAFF/CHILD RATIOS/MAX. GROUP SIZE</p> <p><input type="checkbox"/> EACH ROOM IS STAFFED BY AT LEAST A CHILD CARE WORKER</p> <p><input type="checkbox"/> A SECOND STAFF PERSON IS ON PREMISES WHEN 5 OR</p> <p>MORE CHILDREN ARE PRESENT</p> <p><input type="checkbox"/> FOR EACH MIXED AGE GROUP STAFF/CHILD RATIO IS BASED ON AVERAGE AGE OF CHILDREN IN GROUP AND THE MAXIMUM NUMBER OF CHILDREN IS 16</p> <p><input type="checkbox"/> WHENEVER PRACTICABLE, A STAFF PERSON IS ASSIGNED TO EACH GROUP OF CHILDREN BETWEEN 6 WKS. & 18 MOS. & WHEN POSSIBLE, PRIMARY CARE GIVER SERVES CHILDREN HE/SHE IS ASSIGNED TO</p> <p>PRE-SCHOOL PROGRAM 4002.35</p> <p><input type="checkbox"/>IN COMPLIANCE WITH RATIOS/MAX. GROUP SIZE FOR GCDC</p> <p><input type="checkbox"/> OPERATES 5 OR FEWER HOURS PER DAY</p> <p><input type="checkbox"/> HAS CURRICULUM WHICH MEETS REQUIREMENTS</p> <p>SCHOOL AGE PROGRAM 4002.36</p> <p><input type="checkbox"/> IN COMPLIANCE WITH STAFF/CHILD RATIOS/MAX. GROUP SIZE</p> <p><input type="checkbox"/> EACH ROOM IS STAFFED BY AT LEAST A CHILD CARE WORKER</p> <p><input type="checkbox"/> A SECOND STAFF PERSON IS ON PREMISES WHEN 13 OR</p> <p>MORE CHILDREN ARE PRESENT</p> <p><input type="checkbox"/> EXCEPT AS ALLOWED BELOW, SEPARATE SPACE IS PROVIDED FOR SCHOOL AGE CHILDREN</p> <p><input type="checkbox"/> WHEN THERE ARE 8 OR FEWER SCHOOL AGE CHILDREN</p> <p>PRESENT, THEY MAY BE COMBINED WITH CHILDREN AGE 4 AND OLDER</p> <p><input type="checkbox"/> A WRITTEN PROGRAM SCHEDULE IS AVAILABLE FOR REVIEW WHICH DEMONSTRATES THAT THE PROGRAM</p> <p>FAMILY & FAMILY GROUP CHILD CARE HOME 4002.37</p> <p><input type="checkbox"/> FCC WORKERS ARE AT LEAST 21 YEA OLD OR IF 18 - 20,</p> <p>HAS H.S. DIPLOMA & REQUIRED PRE-SERVICE TRAINING</p> <p><input type="checkbox"/> AIDES OR ASSISTANTS ARE 16 YRS. OR OLDER</p> <p><input type="checkbox"/> AIDES OR ASSISTANTS WORK UNDER DIRECT OBSERVATION & SUPERVISION OF PROVIDER OR FCC WORKER</p> <p><input type="checkbox"/> DOCUMENTATION IS AVAILABLE FOR REVIEW WHICH VERIFIES THAT PROVIDERS AND FCC WORKERS HAVE COMPLETED 6 HOURS ANNUAL TRAINING AS REQUIRED</p> <p><input type="checkbox"/> FCC STAFF PROVIDE CARE FOR 12 OR FEWER HOURS/DAY EXCEPT IN EMERGENCIES</p> <p><input type="checkbox"/> THE PROVIDER'S CHILDREN, FOSTER & RESIDENT CHILDREN UNDER AGE 10 YRS. ARE INCLUDED IN THE LICENSE CAPACITY</p> <p>NIGHT CARE PROGRAM 4002.38</p> <p><input type="checkbox"/> IN COMPLIANCE WITH REQUIREMENTS FOR APPLICABLE</p> <p>PROGRAM TYPES(INCLUDING STAFF TO CHILD RATIOS)</p> <p><input type="checkbox"/> NIGHT CARE PROGRAMS OPERATING IN PRIVATE HOMES WHICH ARE EXEMPT FROM CENTER BASED CARE REQUIREMENTS ARE IN COMPLIANCE WITH ALL FAMILY/FAMILY GROUP CHILD REQUIREMENTS</p> <p><input type="checkbox"/> EXCEPT IN EMERGENCIES, CHILDREN IN NIGHT CARE PROGRAMS ARE NOT PRESENT IN PROGRAM FOR MORE THAN 12 HOURS IN ANY 24 HOUR PERIOD</p> <p><input type="checkbox"/> PROGRAM ACTIVITIES MEET REQUIREMENTS</p> <p><input type="checkbox"/> DOCUMENTATION OF EDUCATION & EXPERIENCE IS ON</p> <p>FILE FOR EACH STAFF AS REQUIRED</p> <p><input type="checkbox"/> TEACHERS MEET REQUIREMENTS FOR THEIR JOB</p> <p><input type="checkbox"/> CHILD CARE WORKERS MEET REQUIREMENTS FOR THEIR JOB</p> <p><input type="checkbox"/> CHILD CARE ASSISTANTS/AIDES MEET REQUIREMENTS</p> <p>FOR THEIR JOB</p> <p><input type="checkbox"/> ALL EDUCATION MEETS REQUIREMENTS SPECIFIED IN</p> <p>4002.32(j) - (m)</p> <p><input type="checkbox"/> CENTER DIRECTORS, TEACHERS AND CHILD CARE WORKERS HAVE DOCUMENTATION OF 6/HRS ANNUAL TRAINING AS REQUIRED</p>
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COMMENTS/SPECIFICS ON ANY ITEMS CHECKED ABOVE:

THIS REPORT OF NON CRITICAL VIOLATIONS SHOULD BE SHARED WITH THE OWNER AND/OR CENTER DIRECTOR AS SOON AS POSSIBLE., AND TO AVOID THE PROGRAM MIUST CORRECT THE ABOVE VIOLATIONS AS SOON AS POSSIBLE, BUT NO LATER THAN 2 WEEKS FROM THE DATE OF THIS VISIT UNLESS OTHERWISE APPROVED BY THE DEPARTMENT.

☐ YES ☐ NO A STATEMENT OF FINDINGS WILL BE ISSUED FOR VIOLATIONS OF CRITICAL RULES FOUND ON THE DAY OF THE VISIT.

SIGNATURE OF LICENSING SPECIALIST_____

DATE SIGNED

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